

UNITED STATES DISTRICT COURT

FOR THE

EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4865

vs.

RONALD A. DEIFER  
SUSAN D. DEIFER

Defendants

**CERTIFICATE OF SERVICE**  
**PURSUANT TO Pa.R.C.P. 3129.2 (c) (2)**

Joseph A. Goldbeck, Jr., Esquire, Attorney for Plaintiff, hereby certifies that service on the Defendants of the Notice of Sheriff Sale was made by:

- ☒ Personal Service by the ~~Sheriff's Office~~/competent adult (copy of return attached).
- ☐ Certified mail by Joseph A. Goldbeck, Jr. (original green Postal return receipt attached).
- ☐ Certified mail by Sheriff's Office.
- ☐ Ordinary mail by Joseph A. Goldbeck, Jr., Esquire to Attorney for Defendant(s) of record (proof of mailing attached).
- ☐ Acknowledgment of Sheriff's Sale by Attorney for Defendant(s) (proof of acknowledgment attached).
- ☐ Ordinary mail by Sheriff's Office to Attorney for Defendant(s) of record.

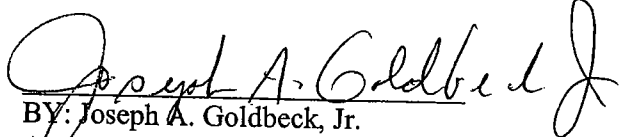
**IF SERVICE WAS ACCOMPLISHED BY COURT ORDER.**

- ☐ Premises was posted by Sheriff's Office/competent adult (copy of return attached).
- ☐ Certified Mail & ordinary mail by Sheriff's Office (copy of return attached).
- ☐ Certified Mail & ordinary mail by Joseph A. Goldbeck, Jr. (original receipt(s) for Certified Mail attached).

Pursuant to the Affidavit under Rule 3129 (copy attached), service on all lienholders (if any) has been made by ordinary mail by Joseph A. Goldbeck, Jr., Esquire (copies of proofs of mailing attached).

The undersigned understands that the statements herein are subject to the penalties provided by 18 P.S. Section 4904.

Respectfully submitted,

  
BY: Joseph A. Goldbeck, Jr.  
Attorney for Plaintiff

**TO:** DEIFER, SUSAN D. (property)  
**SUSAN D. DEIFER**  
 453 COLONIAL DRIVE  
 EAST GREENVILLE, PA 18041-1718

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVEY  
 April 12, 2003

**REFERENCE:** DEIFER, RONALD A. / USA-0177  
 08/05/03 - Montgomery

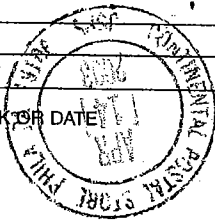
PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
 Certified Mail**

No Insurance Coverage Provided  
 Do Not Use for International Mail

POSTMARK OR DATE



**TO:** DEIFER, RONALD A.  
**RONALD A. DEIFER**  
 453 Colonial Drive  
 East Greenville, PA 18041

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVEY  
 April 12, 2003

**REFERENCE:** DEIFER, RONALD A. / USA-0177  
 - Montgomery

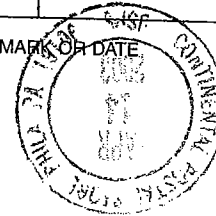
PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
 Certified Mail**

No Insurance Coverage Provided  
 Do Not Use for International Mail

POSTMARK OR DATE



7160 3901 9844 3518 0517

**TO:** DEIFER, SUSAN D.  
**SUSAN D. DEIFER**  
 644 Trumbauersville Road  
 Quakertown, PA 18951

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVEY  
 April 12, 2003

**REFERENCE:** DEIFER, RONALD A. / USA-0177  
 - Montgomery

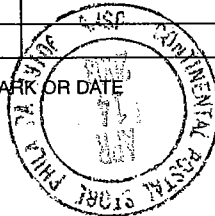
PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
 Certified Mail**

No Insurance Coverage Provided  
 Do Not Use for International Mail

POSTMARK OR DATE



7160 3901 9844 3518 0500

**TO:** DEIFER, RONALD A.  
**RONALD A. DEIFER**  
 644 TRUMBAUERSVILLE ROAD  
 QUAKERTOWN, PA 18951-2978

**SENDER:** GOLDBECK MCCAFFERTY & MCKEEVEY  
 April 12, 2003

**REFERENCE:** DEIFER, RONALD A. / USA-0177  
 08/05/03 - Montgomery

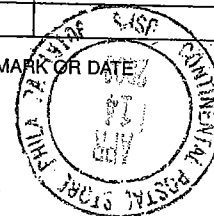
PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service  
**Receipt for  
 Certified Mail**

No Insurance Coverage Provided  
 Do Not Use for International Mail

POSTMARK OR DATE



**GOLDBECK McCAFFERTY & McKEEVER**

**Suite 500 The Bourse Building**  
**111 S. Independence Mall East**  
**Philadelphia, Pennsylvania 19106**

Name and Address of Sender

Check type of mail:

☐ Express  
☐ Registered  
☐ Insured  
☐ COD

Return Receipt (RR) for Merchandise

☐ Certified  
☐ Int'l Rec. Del.  
☐ Del. Confirmation (DC)

If Registered Mail, check below:

☐ Insured  
☐ Not Insured

Attach stamp here if issued as certificate of mailing, or for additional copies of this bill.

Postmark and Date of Receipt

Remarks

Line	Article Number	Addressee Name, Street, and PO Address	Postage	Fee	Handling Charge	Actual Value (If Reg.)	Insured Value	Due Sender if COD	RR Fee	DC Fee	SC Fee	SH Fee	SD Fee	RD Fee	Remarks
1															
2		DOMESTIC RELATIONS OF MONTGOMERY COUNTY PO Box 311 Nortonstown, PA 19404													
3		PA DEPARTMENT OF PUBLIC WELFARE, Bureau of Child Support Enforcement Health and Welfare Bldg. - Room 432 P.O. Box 2675 Harrisburg, PA 17105-2675													
4		U.S.A. FARMERS HOME ADMINISTRATION Box 13 4529 Swamp Road Boylesstown, PA 18901													
5		OCCUPANTS/TENANTS/ 433 Colonial Drive East Greenville, PA 18041													
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
Total Number of Pieces Listed by Sender			Total Number of Pieces Received at Post Office			Postmaster, Per (Name of receiving employee)			The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail Merchandise Insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See Domestic Mail Manual R900, S913, and S921 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.						

PS Form 3877, April 1999

Complete by Typewriter, Ink, or Ball Point Pen

**1503 U.S. POSTAGE**  
**9402 \$03.600**  
**1292 MAILED FROM ZIP CODE 19106**



*Deifer*

*USA*

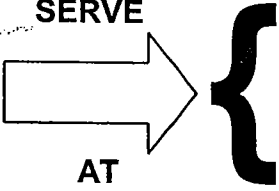
RONALD A. DEIFER

CHECK # \_\_\_\_\_

**AFFIDAVIT OF SERVICE**

PLAINTIFF/S/ <b>THE UNITED STATES OF AMERICA</b>	COURT NUMBER <b>02-CV-4865</b>
DEFENDANT/S/ <b>RONALD A. DEIFER</b> <b>SUSAN D. DEIFER</b>	<input type="checkbox"/> COMPLAINT - MORTGAGE FORECLOSURE <input checked="" type="checkbox"/> WRIT OF EXECUTION - MORTGAGE FORECLOSURE <input type="checkbox"/> COMPLAINT - EJECTMENT <input type="checkbox"/> WRIT OF POSSESSION

	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVICE <b>DEIFER, RONALD A.</b>
	ADDRESS (Street or Road, Apartment No., City, Boro, Twp., State and ZIP Code) <b>644 Trumbauersville Road</b> <b>Quakertown, PA 18951</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:

ADDRESS OF ATTORNEY FOR PLAINTIFF <b>GOLDBECK McCAFFERTY &amp; McKEEVER</b> Suite 500 - The Bourse Bldg. 111 S. Independence Mall East Philadelphia, PA 19106
---

Louis Giacomelli, hereby certifies in accordance with law that he did serve upon above named Defendant a true and correct copy of the above-captioned on the 19 day of APRIL 2003 at 1040 o'clock A.M., in the following manner:

- (☒) Defendant(s) personally served.  
 (☐) Adult family member with whom said Defendant(s) reside(s).  
 Relationship is \_\_\_\_\_  
 (☐) Adult in charge of Defendant's residence who refused to give name or relationship.  
 (☐) Manager / Clerk of place of lodging in which Defendant(s) reside(s).  
 (☐) Agent or person in charge of Defendant's office of usual place of business.  
 (☐) \_\_\_\_\_ an officer of said Defendant company.  
 (☐) POSTED in accordance with Court Order.  
 (☐) Other \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock, \_\_\_\_ .M., Defendant not found because:

(☐) Moved (☐) Unknown (☐) Vacant (☐) Other \_\_\_\_\_

I certify the foregoing to be true and correct.

SWORN TO AND SUBSCRIBED:

Before me this 8 day:  
of July, 2003



Notary Public

SIGNATURE



PRINT NAME LOUIS GIACOMELLI

NOTARIAL SEAL

Kathleen M. Lion, Notary Public  
City of Philadelphia, Phila. County  
My Commission Expires May 14, 2004


SUSAN D. DEIFER

CHECK # \_\_\_\_\_

**AFFIDAVIT OF SERVICE**

PLAINTIFF/S/ <b>THE UNITED STATES OF AMERICA</b>	COURT NUMBER <b>02-CV-4865</b>
DEFENDANT/S/ <b>RONALD A. DEIFER SUSAN D. DEIFER</b>	<input type="checkbox"/> COMPLAINT - MORTGAGE FORECLOSURE <input checked="" type="checkbox"/> WRIT OF EXECUTION - MORTGAGE FORECLOSURE <input type="checkbox"/> COMPLAINT - EJECTMENT <input type="checkbox"/> WRIT OF POSSESSION

<b>SERVE</b>  <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVICE <b>DEIFER, SUSAN D.</b>
	ADDRESS (Street or Road, Apartment No., City, Boro, Twp., State and ZIP Code) <b>644 Trumbauersville Road Quakertown, PA 18951</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:  
---

ADDRESS OF ATTORNEY FOR PLAINTIFF <b>GOLDBECK McCafferty &amp; McKeever Suite 500 - The Bourse Bldg. 111 S. Independence Mall East Philadelphia, PA 19106</b>
--

Louis Giacomelli, hereby certifies in accordance with law that he did serve upon above named Defendant a true and correct copy of the above-captioned on the 19 day of APRIL 2003 at 1040 o'clock A.M., in the following manner:

- ( ☒ ) Defendant(s) personally served.  
 ( ) Adult family member with whom said Defendant(s) reside(s).  
     Relationship is \_\_\_\_\_  
 ( ) Adult in charge of Defendant's residence who refused to give name or relationship.  
 ( ) Manager / Clerk of place of lodging in which Defendant(s) reside(s).  
 ( ) Agent or person in charge of Defendant's office of usual place of business.  
 ( ) \_\_\_\_\_ an officer of said Defendant company.  
 ( ) POSTED in accordance with Court Order.  
 ( ) Other \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock, \_\_\_\_ .M., Defendant not found because:

( ) Moved      ( ) Unknown      ( ) Vacant      ( ) Other \_\_\_\_\_

I certify the foregoing to be true and correct.

SWORN TO AND SUBSCRIBED:

Before me this 8 day:  
of July, 2003:



Notary Public

**NOTARIAL SEAL**  
 Kathleen M. Lion, Notary Public  
 City of Philadelphia, Phila. County  
 My Commission Expires May 14, 2004

SIGNATURE



PRINT NAME LOUIS GIACOMELLI

UNITED STATES DISTRICT COURT

FOR THE

EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

vs.

RONALD A. DEIFER  
SUSAN D. DEIFER

Defendants

CIVIL NO. 02-CV-4865

**AFFIDAVIT PURSUANT TO RULE 3129**

THE UNITED STATES OF AMERICA, Plaintiff in the above action, by its attorney, Joseph A. Goldbeck, Jr., Esquire, sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

453 Colonial Drive  
East Greenville, PA 18041

1. Name and address of Owners or Reputed Owners:

RONALD A. DEIFER  
453 Colonial Drive  
East Greenville, PA 18041

SUSAN D. DEIFER  
644 Trumbauersville Road  
Quakertown, PA 18951

2. Name and address of Defendants in the judgment:

RONALD A. DEIFER  
453 Colonial Drive  
East Greenville, PA 18041

SUSAN D. DEIFER  
644 Trumbauersville Road  
Quakertown, PA 18951

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

DOMESTIC RELATIONS OF MONTGOMERY COUNTY  
PO Box 311  
Norristown, PA 19404

PA DEPARTMENT OF HUMAN WELFARE  
Bureau of Child Support Enforcement  
Health and Welfare Bldg. - Room 432  
P.O. Box 2675  
Harrisburg, PA 17105-2675

4. Name and address of the last recorded holder of every mortgage of record:

U.S.A. FARMERS HOME ADMINISTRATION  
Box 13  
4529 Swamp Road  
Boylestown, PA 18901

5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:

6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.

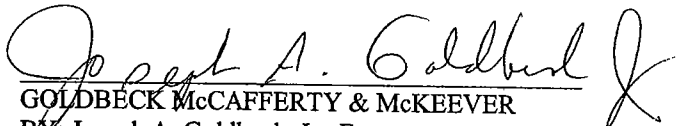
7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.

OCCUPANTS/TENANTS/  
453 Colonial Drive  
East Greenville, PA 18041

(attach separate sheet if more space is needed)

I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DATED: July 8, 2003

  
GOLDBECK McCAFFERTY & McKEEVER  
BY: Joseph A. Goldbeck, Jr., Esq.  
Attorney for Plaintiff

U.S. Department of Justice  
United States Marshals Service

Case 2:02-cv-04865-JG Document 21-1 Filed 09/19/2003 Page 8 of 8

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <b>THE UNITED STATES OF AMERICA</b>	COURT CASE NUMBER <b>02-CV-4865</b>
DEFENDANT <b>RONALD A. DEFFER &amp; SUSAN D. DEFFER</b>	TYPE OF PROCESS <b>NOTICE OF U.S. MARSHAL SALE</b>
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>RONALD A. DEFFER &amp; SUSAN D. DEFFER</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>453 COLONIAL DRIVE EAST GREENVILLE PA 18041</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:  <b>GOLDBECK McCAFFERTY &amp; McKEEVER</b> Suite 500 The Bourse Building 111 S. Independence Mall East Philadelphia, Pennsylvania 19106	Number of process to be served with this Form - 285  Number of parties to be served in this case  Check for service on U.S.A.
--	---

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

PLEASE POST HANDBOOK

Signature of Attorney or other Originator requesting service on behalf of: <b>Joseph A. Goldbeck</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>215-627-3312</b>	DATE <b>4-14-03</b>
---	---	---	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>66</b>	District to Serve No. <b>66</b>	Signature of Authorized USMS Deputy or Clerk <b>[Signature]</b>	Date <b>4-14-03</b>
---	---------------------------	-------------------------------------	------------------------------------	--	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <b>4/14/03</b> Time <b>11:15</b> am Signature of U.S. Marshal or Deputy <b>[Signature]</b>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or <b>15.12</b>	Amount of Refund
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REMARKS:

NOTE